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SEP 1	6 2008 B		Application Number	10/816,546		
<u> </u>	<i>§</i> ∕TRANSMITTAL		Filing Date	4/1/2004		
TATA.	TRANSMITTAL FORM		First Named Inventor	SRIKANTH KRISHNAMURTHY		
27	AR		Art Unit	2617		
	(to be used for all correspondence after initia	al filing)	Examiner Name	AJIBADE AKONAI, OLUMIDE		
	Total Number of Pages in This Submission	15	Attorney Docket Number	HRL040-C		

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ENCLOSURES (Check all that apply)											
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm Name Tope-NcKay & Associates											
Signature ( )											
Printed	Printed name Cary Tope-McKay										
Date		09/12/20	008	•		F	Reg. No.	41,350	)		
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
Signat	ure										
Typed	Typed or printed name Cary Tope-McKay Date 09/12/2008										

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aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/816,546 **Application Number** FEE TRANSMITTA Filing Date 4/1/2004 For FY 2008 First Named Inventor SRIKANTH KRISHNAMURTHY **Examiner Name** AJIBADE AKONAI, OLUMIDE Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2617 TOTAL AMOUNT OF PAYMENT Attomey Docket No. HRL040-C METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 310 155 510 255 210 105 Design 210 105 100 130 50 65 Plant 210 105 310 160 155 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 105 210 Multiple dependent claims 370 **Total Claims Extra Claims** Fee Paid (\$) Multiple Dependent Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): One Month Extension and Terminal Disclaimer Fee \$250 SUBMITTED BY

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 41,350

Telephone 310-589-8158

Date 09/12/2008

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Utility 310 155 510 255 210 105  Design 210 105 100 50 130 65  Plant 210 105 310 155 160 80  Reissue 310 155 510 255 620 310  Provisional 210 105 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims  Multiple dependent claims  Total Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	A CARLO A SPECIAL CONTROL AND A CARLO	ction Act of 199	5 no persons are required to	respond to a collectio				
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FOR FY 2008    First Named Inventor   SRIKANTH KRISHNAMURTHY   Examiner Name   AJIBADE AKONAI, OLUMIDE   Art Unit   2617			. <b> </b>	Application Nur				
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 250.00  Attomey Docket No. HRL040-C  METHOD OF PAYMENT (check all that apply)  Check  Credit Card  Money Order  None  Other (please identify): Deposit Account Deposit Account Number.  Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below  Other (please identify):  Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing that the property of the filing that the pro				Filing Date		4/1/2004		
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Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing of the provisional Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee(s) Fe				Attomey Docke	t No.	HRL040-C		
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 41,350	Telephone 310-589-8158
Name (Print/Type)	Cary Tope-McKay		Date 09/12/2008

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